

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/049666

FILING DATE

APPLICANT(S)

2/18/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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32	1					
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34		1				
35		1				
36		1				
37		2				
38		2				
39	1					
40		1				
41		1				
42		1				
43		2				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						